

# Medi-Cal Program Guide (MPG) Letter #592

March 20, 2006

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**Subject** ASSEMBLING DISABILITY AND ADULT PROGRAMS DIVISION (DAPD) PACKETS AND PROCESSING DAPD DECISIONS

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**Effective Date** Upon receipt

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**Reference** MEPM Letters 296 and 299

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**Purpose** The purpose of this letter is to:

- provide a new limitation on when a limited DAPD referral may be initiated,
- provide clarification on the notification of a DAPD decision, and
- move CDS information out of the MPG.

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**Background** **Limited Referrals:**  
Limited referrals are used in situations in which an applicant/beneficiary claims to be disabled and who was discontinued from Supplemental Security Income/State Supplementary Program (SSI/SSP) for reasons other than termination of disability.

**DAPD Notification:**  
DAPD sends a notification to the County with the decision regarding an applicant's/beneficiary's disability claim called the Personalized Denial Notice.

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**Changes** **Limited Referrals:**  
A limited referral may be sent for a reevaluation determination only when the packet is sent within 30 days of DAPD's decision when an earlier onset date is needed, no new disabling factors are alleged, and when no new treating source is alleged.

**DAPD Notification:**  
The Personalized Denial Notice will now be called the "Rationale" in order to avoid confusion with a federal notification with the same name.

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**Required Action**

**Limited Referrals:**

A limited referral is to be initiated for a reevaluation determination only when the packet is sent to DAPD within 30 days of DAPD’s decision or when an earlier onset date is needed and no new disabling factors and no new treating source is alleged.

**DAPD Notification:**

The Rationale must be mailed to the applicant with the denial NOA or the NOA is not valid.

**CDS Information**

The CDS information will be moved out of the MPG into Attachments due to the oncoming implementation of CalWIN. Under CalWIN, the coding mentioned in the CDS information will no longer be valid. Please refer to Attachment A for Disability Automation under CDS.

**Automation Impact**

None.

**Forms Impact**

The Personalized Denial Notice received from DAPD will now be called the “Rationale.”

**Quality Assurance Impact**

Effective with the April 2006 review month, Quality Assurance will cite with the appropriate error any case which does not follow the requirements of this letter.

**Summary of Change**

The table below shows the changes made in the Medi-Cal Program Guide (MPG).

Section	Changes
Article 5, Section 4	<ul style="list-style-type: none"> <li>• Added information about no new treatment source can be alleged for a limited referral.</li> <li>• Added requirement to attach the rationale for the denial NOA to be valid.</li> <li>• Removed the CDS information.</li> </ul>

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### Filing Instructions

The table below shows how to file the MPG material.

Action	Pages
Remove	MPG 5-4-i
	MPG 5-4-9 through 5-4-10
	MPG 5-4-21 through 5-4-38
	MPG 5-4-J
Replace	MPG 5-4-i
	MPG 5-4-9 through 5-4-10
	MPG 5-4-21 through 5-4-37

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### Important Notice

The MPG is available in its entirety on the County Intranet by accessing [http://hhsa\\_intranet/manuals/mpg/index.html](http://hhsa_intranet/manuals/mpg/index.html). The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

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### Manager Approval

ORIGINAL SIGNED BY:

John Pierce  
Senior Program Manager  
Medical Care Program Administration  
Strategic Planning & Operational Support

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